Brazil; [4]Universidade Federal de Santa Maria, Brazil; [5]Faculdade de Odontologia de Bauru, Universidade de São Paulo, Brazil

Introduction & objectives: Voice is an important gender marker in the transition process as a transgender individual accepts a new gender identity. Perceptive-auditory and acoustic analyses of the voices of these individuals have determined that vocal pitch is one of the most important markers of gender. The aim of this study was to describe and relate aspects of a perceptual-auditory analysis and the fundamental frequency of male-to-female (MPF) transsexual individuals.
Population sample: A case-control study was carried out with individuals aged 19 to 52 years who attended the Gender Identity Program of the Hospital de Clínicas of Porto Alegre.
Methods: Vocal recordings from the MPF transgender individuals (vowel / a: / and six phrases of Consensus Auditory Perceptual Evaluation Voice (CAPE-V)) were edited and randomly coded before storage in a Dropbox folder. The voices (vowel /a:/) were analyzed by consensus on the same day by two speech-language audiologists who had more than ten years of experience in the voice area using the GRBASI perceptual-auditory vocal evaluation scale. Acoustic analysis of the glottic source was performed using the advanced Multi-Dimensional Voice Program software. The resonance focus and the degrees of masculinity and femininity for each voice recording were determined by listening to the CAPE-V phrases.
Results: There were significant differences between the groups regarding a greater roughness (discrete degree) ($p = 0.031$), greater frequency of subjects with F0 between 80–150 Hz ($p = 0.003$), and a greater frequency of hypernasal resonant focus ($p < 0.001$) in the MPF cases compared with the controls.
Conclusion & recommendations: The MPF group of individuals showed greater roughness (discrete degree), altered vertical resonant focus, more masculine voices, and more severe fundamental frequencies than the controls. This information may contribute to better therapy planning and vocal feminization surgery for transgender women.
Keywords: transgender women, voice feminization, Brazil
Source of Funding: National Council for Scientific and Technological Development (CNPq) and Coordination for the Improvement of Higher Education (CAPES).
Conflict of Interest and Disclosure Statement: None.

EXPERIENCE REPORT ON SETTING UP A TRANSDISCIPLINARY OUTPATIENT UNIT FOR TRANSGENDER HEALTH

Denise Leite VIEIRA
Universidade Federal de Sao Paulo, Brazil
Ana Luiza FANGANIELLO, Marina Milograna ZANETI, Fernanda de Sousa VIEIRA, Adriano BRASOLIN, Natalia Turena ROCHA, Eduardo SODRÉ, Mariana SILVEIRA, Thales CERVI, Sonia PENTEADO, Maria José BRITO, Juliana ALVES, Marisa MOTA, Fabiola HOLANDA, Luiza TANAKA, Maria José FERNANDES, Claudia TAKANO, Samira YARAK, Renata AZEVEDO, Aecio GOIS, Ivaldo SILVA, Jair MARI, Pedro PEREIRA, Lydia FERREIRA, Magnus R. DIAS-DA-SILVA
Núcleo de Ensino, Pesquisa, Extensão e Assistência à Pessoa Trans Professor Roberto Farina (Trans Unifesp), Universidade Federal de Sao Paulo (UNIFESP), Sao Paulo, Brazil

Introduction & rationale: A transdisciplinary approach to transgender care present challenges and riches by providing not only individual learning but also the exchange between professionals' expertise.
Action: Two-year field-note narratives were collected during monthly group discussions about the implementation of a transdisciplinary care unit for transgender persons, opened to academic staff and transgender community of Universidade Federal de Sao Paulo (UNIFESP) and outsiders.
Outcome: The participation of transgender people throughout the planning process improved and organized a transdisciplinary care. Exchanges between health professionals and transgender community experiences increased assessing best practices for transgender health. Training sessions using role-playing techniques helped prepare a formative health-professional team dedicated to welcome transgender individuals seeking care. By experiencing listening to trans person's demands, any health professional of our staff could successfully perform the first interview using a standard registration form. Weekly transdisciplinary therapeutic planning sessions were critical to promoting a more comprehensive approach according to the transgender person's specific needs and to address multidisciplinary referrals.
Discussion & recommendations: By using a transdisciplinary strategy in transgender healthcare we experienced significant achievements. Noteworthy, all these results followed a debate based on various healthcare scenarios. Committed academic staff and transgender community participation were decisive for implementing the UNIFESP Center on Transgender Health. Moreover, University's dean decree (nº 2071, July 13, 2016) and extramural forum of debates for Transsexuals and Travestis Integral Health were crucial. We recommend a transdisciplinary approach since the first outpatient's consultation. The refinement of roles among professionals has improved the listening as well as the understanding of peculiarities and limitations of each specialty. Our experience endorses a transdisciplinary approach in implementing transgender care services in academia given the complexity of transgender health demands.
Citation of supporting literature: Coleman E. et al. Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People. International Journal of Transgenderism, vol 13(4);165-232,2012; Doi.org/10.1080/15532739.2011.700873.
Keywords: health services for transgender persons, multidisciplinary care and referrals, organization and administration
Source of Funding: UNIFESP
Conflict of Interest and Disclosure Statement: None.

Track: 6. Sexual Health & Sexual Rights (actions and advocacy)

TORTURE IN MEDICAL HEALTHCARE SETTINGS: AN INTERSEX APPROACH

Mauro CABRAL GRINSPAN
GATE, Argentina

Introduction: This paper will address the issue of torture in healthcare settings focusing its attention a particular population: intersex people. The normative framework for this presentation will be provided by the reports launched by Juan Mendez (former Special Rapporteur on Torture) and the WHO report on Sexual Health, Human Rights and the Law.
Approach: During the last two decades healthcare settings have increasingly become a contested place in terms of human rights and, particularly, in terms of torture and ill treatment. The intersex movement has been key in highlighting psycho-medical abuses taken care in those settings, and getting attention from international, regional and national human rights institutions to their occurrence, as well as to their lifelong consequences in terms of sexual and reproductive health and rights. In this context, different psycho-medical publications have recently started to analyze the current professional approach to intersex care by introducing and articulating human rights questions into arguments in favor or against specific interventions -including, decisively, normalizing surgeries. Those publications will provide an adequate entry point to identify and analyze current trends in (1) bioethical issues in intersex healthcare; (2) psycho-medical concerns on human rights in medical settings; (3) the role of patients' testimony in framing conflicting politics of evidence.
Finding & discussions: Based on the proposed analysis, this paper will propose three key discussions: (1) what are the advantages and disadvantages of applying the torture and ill treatment framework to healthcare settings and, in particular, to intersex healthcare?; (2) what does this tension say about the historical conflict between medical authority and patients' testimony?; (3) how does adequate reparation and redress look like for human rights violations committed against intersex people in medical settings?
Keywords: torture, intersex, healthcare settings
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TRANS DEPATHOLOGIZATION: A SEXUAL RIGHTS ISSUE

Mauro CABRAL GRINSPAN
GATE, Argentina